Reviewer:

106333

Check Number

## Enter your transmittal number

2/29/08

Date

W213063

Transmittal Number

Your unique Transmittal Number can be accessed online: <a href="http://mass.gov/dep/service/online/trasmfrm.shtml">http://mass.gov/dep/service/online/trasmfrm.shtml</a> or call MassDEP's InfoLine at 617-338-2255 or 800-462-0444 (from 508, 781, and 978 area codes).

Massachusetts Department of Environmental Protection Transmittal Form for Permit Application and Payment

	2 3	229454	JIIGALI	vii aliu ray	IIICIIL	3/6/08	
Please type or print. A separate Transmittal Form	A.	Permit Information	<del></del>				
		BWP IW 38  1. Permit Code: 7 or 8 character code from permit instructions		Industrial Sewer User  2. Name of Permit Category			
must be completed							
for each permit application.		Waste water discharge					
application.		3. Type of Project or Activity		ê A	·1.	7	
2. Make your		3. Type of Project or Activity					
check payable to the Commonwealth	В.	Applicant Information - Firm or Inc	dividua	u ins	_ <i>2008 /</i>		
of Massachusetts		Claremont Flock Corp.					
and mail it with a copy of this form to	:	Name of Firm - Or, if party needing this approval is an individual enter name below:					
DEP, P.O. Box 4062, Boston, MA		Last Name of Individual     3. First Name of Individual				4. MI	
02211.		107 Scott Drive					
		5. Street Address		·	· · · · · · · · · · · · · · · · · · ·		
<ol><li>Three copies of this form will be needed.</li></ol>		Leominster	MA	01453	978-534-6191	316	
		6. City/Town	7. State	8. Zip Code	9. Telephone #	10. Ext. #	
		Peter Hadley					
Copy 1 - the original must		11. Contact Person		12. e-mail address (optional)			
accompany your permit application. Copy 2 must	C. Facility, Site or Individual Requiring Approval						
accompany your		Claremont Flock Corp					
fee payment.		Name of Facility, Site Or Individual					
Copy 3 should be		107 Scott Drive					
retained for your records		2. Street Address					
		Leominster	MA	01453	978-534-6191	316	
4. Both fee-paying and exempt		3. City/Town	4. State	5. Zip Code	6. Telephone #	7. Ext. #	
applicants must mail a copy of this		8. DEP Facility Number (if Known)	9. Federa	al I.D. Number (if Kno	wn) 10. BWSC Tracki	ng # (if Known)	
transmittal form to:	D. Application Prepared by (if different from Section B)*						
MassDEP P.O. Box 4062		Craig Sylvester					
Boston, MA 02211		1. Name of Firm Or Individual		·			
		107 Scott Drive					
		2. Address					
		Leominster	MA	01453	978-534-6191	337	
* Note: For BWSC Permits		3. City/Town	4. State	5. Zip Code	6. Telephone #	7. Ext. #	
enter the LSP.	1	Craig Sylvester			•		
		8. Contact Person	<del></del>	9. LSP Number (BV	VSC Permits only)		
	E. Permit - Project Coordination						
	<ol> <li>Is this project subject to MEPA review? ☐ yes ☒ no</li> <li>If yes, enter the project's EOEA file number - assigned when an</li> </ol>						
	Environmental Notification Form is submitted to the MEPA unit:						
	F. Amount Due						
DEP Use Only	Special Provisions:						
	1.						
Permit No:		There are no fee exemptions for BWSC permits, regardless of applicant status.					
Rec'd Date:	<ol> <li>Hardship Request - payment extensions according to 310 CMR 4.04(3)(c).</li> <li>Alternative Schedule Project (according to 310 CMR 4.05 and 4.10).</li> <li>Homeowner (according to 310 CMR 4.02).</li> </ol>						

1,605.00

**Dollar Amount**